HHS Privacy Impact Assessment (PIA)

Date of this Submission: **11/18/2003**

HHS Agency (OPDIV): **CMS**

Title of System or Information Collection: **Medicare Financial Management & Payment Systems (A system family containing 18 systems)**

Is this System or Information Collection new or is an existing one being modified? **Existing, New-CAPTS**

Identifying Numbers (Use N/A, where appropriate)

Unique Project Identifier Number: **N/A**

System of Records Number: **CERT: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1). DPS: 09-70 -501 and 09-70-503.**

OMB Information Collection Approval Number and Expiration Date: **N/A**

Other Identifying Number(s): **PIMR - OFM 255, STAR - CMS OFM 368**

Description

1. Provide an overview of the system or collection and indicate the legislation authorizing this activity.
   ADR - The system is used to compare cost report information between current and prior year cost reports to determine if established thresholds are exceeded. Section 1815 of the Social Security Act and 42CFR section 413.20 authorize this activity.

   CAFM - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFM system serves as the vehicle for tracking all benefit payments and banking issues, and supports all requirements dictated by the Chief Financial Officers Act. The Contractor Administrative-Cost and Financial Management (CAFM) software system was implemented in 1989 as part of CMS's Project to Redesign Information Systems Management. In 1993 the system was enhanced to support the requirements dictated by the Chief Financial Officers (CFO) Act. Since then, the system has undergone numerous enhancements and modifications due to legislative and policy changes, new input forms and output reports, and new user requirements designed to increase productivity and efficiency.

   CAFM II - CMS is responsible for providing direction, technical guidance and funding to contractors for the nationwide administration of CMS's Medicare program. The CAFMII system is the main vehicle for planning, funding, administering and monitoring the administrative expenses of the Medicare contractor community using separate allotments for Program Management and Medicare Integrity Program activities. The development of the Contractor Administrative Financial Management (CAFMII) system, which was implemented at the beginning of fiscal year 1998, was in response to a multitude of factors that changed the Medicare contractor environment. The advent of Program Safeguard and other specialty contractors, as well as new operating rules and regulations, changed the Medicare contractor world and caused the existing reporting forms to be inadequate. New forms were designed to be flexible enough to accommodate the new reporting requirements for the various types of contractors. New business requirements also drastically changed the design of the system.

   CAPTS - The Centers for Medicare and Medicaid Services (CMS) has contracted with Blue Cross Blue Shield and commercial insurance companies to provide various services required to administer the

Medicare program under Title XVIII of the Social Security Act. The Division of Financial Oversight in CMS's Office of Financial Management, Accounting Management Group is responsible for Medicare contractor oversight and coordination of internal control policies. The CMS manages the evaluation of its Medicare contractors' (MC) performance using various means. A variety of reviews are used to evaluate Medicare contractor performance, including:

- **CFO financial or EDP audits**
- **Statement of Auditing Standards No. 70 (SAS 70) reviews**
- **Certification Package for Internal Controls (CPIC) submitted by Medicare contractors**
- **Accounts receivable reviews**
- **CMS 1522 Workgroup reviews**
- **CMS CPIC Workgroup reviews**
- **Other financial management audits and reviews performed by CMS, CPA firms, the Office of Inspector General (OIG) and the General Accounting Office (GAO).**

Contractors are required to have acceptable internal controls in place as stated in their contracts with the Government. In the contracts, they agree to cooperate with CMS in the development of procedures to ensure compliance with the Federal Managers Financial Integrity Act (FMFIA). The Comptroller General of the United States prescribes the standards to be followed in order to be in compliance with the intent of FMFIA. The Chief Financial Officer's (CFO) Act also requires financial management systems to comply with internal control standards which are reviewed as part of the annual CFO audit. The audits' goals are to achieve an unqualified opinion from the auditors indicating that CMS's financial statements are fairly presented in all material respects and to improve their internal controls and system.

The CASR System tracks budgeted and incurred costs for the Part A contractor audit and settlement functions by type of activity and type of provider or reporting entity.

CMS, Office of Financial Management, Program Integrity Group, Division of Methods and Strategy has developed the CERT program to produce national, contractor specific, and benefit category specific paid claim error rates. The project will have independent reviewers periodically review representative random samples of Medicare claims that are identified as soon as they are accepted into the claims processing system at Medicare contractors. The independent reviewers will medically review claims that are paid; claims that are denied will be validated to ensure that the decision was appropriate. The sampled claim data and decisions of the independent reviewers will be entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. CERT will enhance our ability to take appropriate corrective actions and can be used to better manage Medicare contractor performance. Another byproduct of the CERT program is a large database of independently reviewed claims that we can use to test new software technologies such as data analysis tools or Commercial Off The Shelf (COTS) claims editing software. The Social Security Act aments of 1965 authorize the system.

The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the performance of our Medicare fee-for-service claims administration contractors.

The CPE application is a collection of information on Medicare fee-for-service contractor performance evaluation (CPE) review activities and review findings. Information is input to the system by CMS employees. The only personnally identifiable information within the system is the names of the system users who are CMS employees. Section 1816 (f) and 1842 (b) of the Social Security Act.

CROWD provides CMS with a timely way to monitor each Medicare Contractor's performance in processing claims, and paying bills. The system contains workload-reporting capabilities that allow the data to be used for estimating budgets, defining operating problems, comparing performance among contractors, and determining regional and national workload trends.

CROWD accomplishes the above by first providing the capability for Medicare Contractors to electronically enter workload data on a large variety of functional areas. Data is submitted either monthly, quarterly or yearly on thirty different reporting forms covering contractor functions such as processing claims, answering beneficiary and provider inquiries, processing appeals, Medicare Secondary Payer activities, fraud and abuse workloads, handling beneficiary overpayments, Comprehensive Limiting Charge Compliance Program activities, enrolling providers in total and for special programs such as PIP and Participating Providers, and demonstration workloads.

CSAMS is a web-based application designed to collect Medicare contractor call center customer service information. The information falls under Beneficiary Inquiries, Acitivity Code 13005 - Telephone Inquiries and Provider Inquiries, Activity Code 33001 - Telephone Inquiries.

The Demonstration Payment System is used to pay providers for Medicare demonstration services under the authority of section 402 of the Social Security Amendments of 1967 and section 222 of the Social Security Amendments of 1972.

The Healthcare Cost Report Information System is an Oracle data base system containing cost report information from hospitals, SNFs, HHAs, hospice and renal providers. The reports are submitted by providers and updated on a daily flow basis.

The MFSR System monitors the Focused Medical Review activities of its contractor, i.e., FIs, Carriers, and DMERCs. The system collects information on the sources and causes of inappropriate or unnecessary services billed to Medicare and what the contractor did about those problems.

PIMR serves as the central repository used by the Program Integrity Group for budget and oversight responsibilities and congressional reporting of Medicare fraud, waste and abuse. The system provides the CMS Program Integrity Group, and Medicare contractors operating across the country with the necessary tools and reports to track Medicare fraud and abuse activities and subsequently aid in safeguarding the Medicare Trust Fund.

PROTRAC is an internal funds control system used to track Quality Improvement Organization (QIO) and End Stage Renal Disease (ESRD) Funding.

The Medicare Provider Statistical and Reimbursement (PS&R) System is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). The PS&R system is used by Fiscal Intermediaries (FIs) to accumulate the statistical and reimbursement data applicable to the Medicare claims processed. The PS&R system summarizes these data on reports that are used by providers and FIs to complete key elements of the Medicare cost report. The Medicare cost report has changed significantly due to the change in reimbursement methodologies from primarily a cost reimbursed system to a prospective payment system (PPS). The PS&R data are subsequently used by the FI to settle Medicare cost reports. The PS&R system permits the FIs and providers to utilize the system produced reports to accumulate statistical and payment data for hospitals, hospital complexes, skilled nursing homes, and home health agencies. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities.

The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Par t A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system.

STAR is a DOS based system used by fiscal intermediaries (FI) to track providers' cost reports during the settlement process. Mutual of Omaha maintains the STAR program. Each FI operates their own

STAR system to track providers' cost reports that they service. Section 1815(a) and 1833(e) of the Social Security Act authorizes these activities.

2. Describe the information the agency will collect and how the agency will use the collected information. Explain how the data collected are the minimum necessary to accomplish the purpose for this effort.

The information in the ADR program is used to determine the amount and type of review that is necessary to settle the providers cost report. CMS is confident that the data collected are the minimum necessary to accomplish these purposes because these systems, and their associated processes, have been in existence for many years. They have been continually refined and streamlined for efficiency.

CAFM - Data is collected from forty input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Seventy customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes.

CAFM II - Data is collected from eleven input forms and is maintained on direct on-line storage for fiscal years 1998 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes.

CAPTS:

a. **Name**
b. **Phone Number**
c. **Email Address**

Division of Financial Oversight (DFO) requires easily accessible and quickly produced reports to aid in the decision making process for CAPs.

CASR - Data is collected from six input forms and is maintained on direct on-line storage for fiscal years 1985 through the current fiscal year. Twenty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes.

CERT - Sampled claim data and decisions of the independent reviewers will be collected and entered into a tracking and reporting database. The sampled claims will be followed through the system to their final disposition. The outcomes we anticipate from this project are a national paid claims error rate, a claims processing error rate, and a provider compliance rate. The tracking database will allow us to quickly identify emerging trends. We have developed statistical method based upon generally acceptable statistical standards to insure the volume and content of the data we collect will the produce an estimates of errors in Medicare claims payment activities that have accurate.

CMIS collects monthly data from the Contractor Reporting of Operational and Workload Data (CROWD) and the Daily Production Performance Monitoring System (PULSE) and the Contractor Administrative Budget and Financial Management System (CAFMII) data. These data are stored in a central repository of consolidate, validate, and cleansed Medicare contractor data that enables dynamic data analysis during contractor management. CMIS provides users with the ability to analyze the retrieved data online or to download the data to their desktops for further analysis.

CPE - Information on audits conducted to evaluate the performance of Medicare fee-for-service contractors. Data collected is used in the formulation of annual RCPs (Report of Contractor Performance). Data may be used by CMS management in making contract management decisions. The data collected is the minimum necessary for the effective oversight of Medicare contractors.

CROWD - Data is collected from thirty input forms and is maintained on direct on-line storage for fiscal years 1986 through the current fiscal year. Sixty customized reports, an AD HOC reporting capability, and a download capability are provided for analytical and monitoring purposes.

CSAMS - CMS collects approximately 21 telephone inquiry related data points from each contractor operating a call center(s). The data includes, but is not limited to, the number of attempts, number of failed attempts, calls answered by Customer Service Representatives, call handled by IVR, etc. The data is used by CMS to determine if the contractor is providing the degree of customer service required to serve beneficiary and provider callers as determined by CMS. The data collected is the minimum amount of data required to evaluate how each call center is performing its telephone customer service requirements.

DPS - The system collects the minimally necessary identifying, medical and demographic information needed to reimburse demonstration providers for the services rendered to Medicare beneficiaries. The data collection is based on the individual demonstration legislation and only that information needed to pay correctly is collected.

HCRIS - The information pertains to the providers' cost of doing business and various medical expenses. The information is used by CMS and outside parties to do analysis, studies and research.

MFSR - CMS collects information on the progress that Medicare contractors have made in identifying aberrant billing. CMS uses this information to determine if carriers have followed the procedures required for Focused Medical Review.

PIMR collects, validates, and consolidates on a monthly basis, operational and workload data from 70 Medicare contractors across the country as well as contractor administrative budget and financial management data from CMS systems into a single reporting system at CMS.

PROTRAC - No information will be collected.

PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records.

PULSE - On a nightly basis, Medicare contractors transmit their CMS-1565, CMs-1566, and CMS-1522 report files to the CMS data center via Connect: direct. Each CWF host site transmits their 207, and 0101 reports. While daily data provides the most timely metrics, those contractor that do not product daily reports submit the required reports on the days that they have a batch cycle. The Pulse system handles the reports accordingly. The data collection process extracts the defined claim metrics on a nightly basis from Medicare contractors that utilize the existing standard systems.

STAR tracks dates, time and settlement amounts for all cost reports for the following activities: tentative settlements, desk reviews, audits, settlements, re-openings, and appeals. STAR then feeds these data to CAFMII and CASR, which OFM uses to monitor FIs workload and budgets. FIs budgets are based on their workload numbers and type of providers they service.

3. Explain why the information is being collected.

The CAFM system is the main vehicle for tracking all benefit payments, banking issues, and CFO data. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user

can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises.

The CAFMII system is the main vehicle for planning, administering and monitoring the administrative expenses of the Medicare contractor community. The collected data allows central office and regional office personnel to perform their duties. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides, to call users and/or e-mail users when the need arises.

CAPTS - The Division of Financial Oversight (DFO) needs an efficient and effective method for tracking Corrective Action Plans related to audit findings as well as the most current status of those plans. Additionally, DFO requires easily accessible and quickly produced reports to aid in the decision making process for CAPs. CAPS are currently being tracked manually, in a variety of different formats.

CASR - This system is CO's instrument to develop a financial operating plan for audit related expenditures; to develop the cost effectiveness or savings of the audit and settlement function; to monitor the audit related expenditures and savings of each contractor; and to alert the appropriate regional office of potential problems with a particular fiscal intermediary's performance. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises.

CERT - To estimate the amount of error in Medicare claims payment activities.

The Contractor Management Information System (CMIS) was designed and built to improve the access to and quality of information required for the management and oversight of Medicare fee-for-service contractors, CMIS is a tool that allows users to more effectively manage, monitor, and report on the performance of our Medicare fee-for-service claims administration contractors.

CPE - To ensure that Medicare fee-for-service contractors meet their obligations to administer the Medicare program.

CROWD - The collected data allows central office and regional office personnel to perform their duties as defined in item 1 above. All personally identifiable information pertains to users of the systems and user-related business information (e.g., mailing address). This PII is never transferred to any other system. Each user can access only their own PII. The system administrators can access every user's PII. The sole purpose of the PIII is to provide the system administrators the ability to mail updated User Guides and to call users when the need arises.

CSAMS - Call center data is being collected to ensure effective customer service is being provided via telephone to the Medicare beneficiaries and providers.

DPS - The information is collected to make payments for Medicare services rendered to Medicare beneficiaries.

PS&R processes all Medicare Part A post-payment claims, breaking each claim into sub-claims based on fee and cost-based reporting criteria, then further summarizing the claims into an aggregate amount per report type per provider. In order for the provider to reconcile its data and prepare for its cost report submission, it must be able to tie back the aggregated report amounts to the individual detail claims. The aggregated summary reports do not contain any sensitive information. It is only at the input paid claims and detail level that privacy-related information is present. The detail claims level is the minimum necessary to accomplish the purpose for the

system, as, from an auditing and reimbursement perspective, the provider and intermediary must be able to tie summary totals back to the detailed claims records.

The PULSE is a PC-based production performance monitoring system. It provides the Center for Medicare and Medicaid Services (CMS) with immediate access to critical performance metrics for all Medicare Par t A, Part B, and DMERC contractors, and CWF hosts. Pulse consists of a data collection, statistical calculation, and user interface/ reporting process provides CMS with online access to available information needed to monitor the performance of Medicare production system.

STAR - The information is being collected to meet CMS's obligation to manage contractors.

4. Identify with whom the agency will share the collected information.

CAFM, CAFM II, CASR, CROWD - All PII will never be shared with another system.

CAPTS - CMS components

CERT - Personally identifiable information will not be released outside of the system. Summary information that contains no personally identifiable information will be published quarterly.

CMIS, PULSE - Internal to CMS.

CPE - It is not shared outside the agency.

CSAMS - The data collected is provided monthly in numerous reports via the COGNOS reporting tool. All users of the system have access to the reports. The only users are a limited number of CMS staff and Medicare contractor staff.

DPS - The information is generally not shared with the exception of demonstration evaluators under contract to CMS. It is only shared with the evaluators after a valid data use agreement, which restricts the usage, is signed.

PS&R - This information is available to the responsible Fiscal Intermediary and to the provider itself. In rare instances, information may be shared with the software developers from CMS, in order to pinpoint and correct a perceived problem.

Each FI maintains their own STAR database. FIs do not share these data with other FIs or individuals outside of CMS. CMS has access to STAR data through National STAR. CMS may furnish certain data to OIG and DOJ but only on and as needed basis.

5. Describe how the information will be obtained, from whom it will be collected, what the suppliers of information and the subjects will be told about the information collection, and how this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). Describe any opportunities for consent provided to individuals regarding what information is collected and how the information will be shared.

CAFM- Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X.

CAFM II - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address, phone number and e-mail address. Periodically, they are prompted to update this information. If the user does not care to enter this information, he/she may enter bogus

information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X.

CAPTS:

- **Audits of Contractors are performed by outside auditors, with the report showing the results forwarded to both CMS and the Contractor**
- **The Contractor has 45 days to submit a Corrective Action Plan (CAP) to CMS via email**
- **Division of Financial Oversight personnel create a "Due-In" document that lists the CMS Finding Numbers that auditors have assigned to various Contractors in the latest audits. This "Due-In" document allows the Division of Financial Oversight to assign a due date; if the Contractor has not submitted a CAP for a particular CMS Finding Number by its due date, then that Contractor and that CMS Finding Number are added to a "Past 45 Days" report**
- **The CAP comes in to CMS via email on an Excel spreadsheet; the format of the spreadsheet is specified by the Division of Financial Oversight**
- **Division of Financial Oversight personnel will complete the data entry for CAPs after they arrive at CMS. They will use the computer screen as the interface mechanism, as will the CMS Business Owners and the Regions**
- **CMS has 45 days to reply to the Contractor once a CAP does arrive at CMS**
- **The new CAP automated system should automatically send an email to the appropriate Business Owner in order to alert that Business Owner to review the CAP; the Business Owner either approves or rejects**
- **The Regional Office can also comment on the CAP, but not approve or reject the CAP; the Regional Offices furthermore only comment on CAPs related to financial issues**
- **Division of Financial Oversight personnel send the comments back to the Contractor**

CASR - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information.

CERT - We will obtain the information directly from Medicare contractors' claims processing systems. Medicare beneficiaries sign a privacy act notice when they become eligible for Medicare that informs them that information they provide to justify payments will be used to determine the appropriate of payment. The purpose of CERT is to determine the appropriateness of Medicare contactor claims payment activities. CERT does not share information outside of the system.

CMIS - Information is being collected from existing M204 systems here at CMS.

CPE - Information is obtained via CMS Intranet from CMS employees. Information concerns Medicare contractors, who will be issued reports on their individual performances. Collectors of the information (CMS employees) are kept apprised through email. Consent is not applicable in this situation, information is owned by CMS.

CROWD - Every system user must be registered and identified by their HDC User ID. The system administrator also enters their name. The first time a user accesses the system, he/she is prompted to enter their business address and phone number. Periodically, they are prompted to update this information.
If the user does not care to enter this information, he/she may enter bogus information. The only edit on any PII is that at least one character be entered. Thus, even a user's name can be entered as X.

CSAMS - Call center staff enter their call center data via the web front-end monthly.

DPS - The information is obtained electronically and hardcopy in a HIPAA compliant format. The suppliers of the information have been informed about data usage through either a contract or an informed consent form. These signed agreements are obtained as the supplier or beneficiary enters the demonstration.

PS&R - The information is present on the paid claims record, the format of which is specified by the FISS shared system. Claims, submitted by providers or billing houses, adjudicated by the Common Working File system, are placed into this paid claims format for input into PS&R. This information is not shared with individuals nor is consent given for the data to be shared with individuals. The data is available to providers who provide services to Medicare beneficiaries, and is available to providers in summary and detail form.

PULSE - Information is being collected from existing CMS reports here at CMS.

The information in STAR does contain personally identifiable information within the STAR database about Medicare providers (employee names and TIN for providers). The STAR time keeping system lists name of FI employees and an employee number. These data are used only by the FI to track employees' time when the individual is working on a provider cost report. Employee data are not share by the FI or included in the National STAR database.

6. State whether information will be collected from children under age 13 on the Internet and, if so, how parental or guardian approval will be obtained. (Reference: Children's Online Privacy Protection Act of 1998)

   The information in these systems do not include personally identifiable information on children under age 13.

7. Describe how the information will be secured.

   CAFM, CAFM II, CASR, CROWD: Each user must be issued an HDC User ID with M204 privileges. Each user must be registered on the system user tables. These tables control access to system files. The system user files and tables are password protected and RACF protected.

   CAPTS - Web app is secured with a user id and password. Each user is assigned a role. Database is also secured with a user id and password.

   CERT - The information is stored on an internal network that operates in a building secure by electronic entry devices.

   CPE - Through RACF security procedures.

   Access to CSAMS is controlled via CMS UserID and password. All OIS security measures for CMS are in force since OIS hosts CSAMS.

   DPS - The information will be secured as described in the CMS Master Systems Security Plan.

   PS&R- Information is secured at each Fiscal Intermediary (FI) data center. Once in the PS&R system, access is restricted to the applicable FI, who has the responsibility for forwarding the detail and summary reports to its providers. In the future, providers will be required to sign onto the system, with an approved user-id and password, in order to request this information.

STAR - At each FI location one or two individuals are assigned the task of system administrator. The administrator is responsible for giving access to employees. Access is limited based on the task to be performed by the FI employee, e.g. read only, entering time, data, etc.

8. Describe plans for retention and destruction of data collected.

CAFM, CAFM II, CASR, CROWD - Whenever a user is no longer a certified HDC user, they are immediately removed from the HDC and system registry.
CERT - Information is retained until all further action on payment decisions is concluded (usually less than 10 years) and then shredded.

CPE - Data are retained indefinitely. No plans for destruction, since information is owned by CMS.

CASMS - No current plans for destruction of data.

DPS - Data collected for the demonstrations are retained in files on tape for seven years. At the end of that time period the files are deleted.

PS&R - Retention and destruction of data will be considered as part of the overarching security strategy for the redesigned system.

STAR - The STAR data are maintained by the FI in a single database and not destroyed.

9. Identify whether a system of records is being created under section 552a of Title 5, United States Code (the Privacy Act), or identify the existing Privacy Act system of records notice under which the records will be maintained.

CERT - System of Records Number: 09-70-501 (Carrier Medicare Claims Records System - Routine Use 1) and 09-70-503 (Intermediary Medicare Claims Records System - Routine Use 1)

DPS - The records are maintained under two existing system of records notice. The Carrier Medicare Claims Records System 09-7- 501 and the Intermediary Medicare Claims Records System 09-70-503.

Endorse	**Endorse**	**Approve**
___/s/_____	____/s/_____	____/s/_____
J. Ned Burford	Timothy P. Love	Thomas A. Scully
CMS Privacy Officer	Chief Information Officer	CMS Administrator
Date ___11/21/2003____	Date: __11/21/2003____	Date: _11/21/2003_____